

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of
Yasuhiro SHIMIZU et al
S. N. 10/081,877

Confirmation No: 9928
Art Unit: 1734
Examiner: G. R. Koch

Filed: February 22, 2002
For: LAMINATION APPARATUS

RESPONSE TO OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the office action dated October 18, 2003,
please make the following amendments and election:

Claim amendments begin on page 2 of this document.

Drawing amendments begin on page 4 of this document and
include both an attached replacement sheet and an annotated sheet
showing changes.

Remarks begin on page 5 of this document.

An Appendix including amended drawing figures is attached
following page 9 of this paper.

#7/a
WB
10/20/03

AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. Y-198
Applicant(s): Yasuhiro SHIMIZU et al			
Serial No. 10/081,877	Filing Date 2/22/2002	Examiner G. R. Koch	Group Art Unit 1734
Invention: LAMINATION APPARATUS			
<u>TO THE COMMISSIONER FOR PATENTS:</u>			RECEIVED CENTRAL FAX CENTER OCT 20 2003
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.			
CLAIMS AS AMENDED			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT
TOTAL CLAIMS	4 -	20 =	0 x
INDEP. CLAIMS	2 -	3 =	0 x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>			RATE
			\$18.00
			\$84.00
			\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT			\$0.00
<div style="float: right; font-size: 2em; transform: rotate(-10deg); opacity: 0.5;">OFFICIAL</div> <div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <div style="margin-left: 20px;"><input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div></div> <div style="margin-top: 20px;"><div style="display: flex; align-items: center;"><div style="flex: 1;"> _____ <small>Signature</small></div><div style="flex: 0.2; text-align: center;">Dated:</div></div><div style="margin-top: 10px;">James H. Walters, Reg. No. 35,731 Customer number 802 Dellett & Walters Suite 1101, 310 SW 4th Ave. Portland, OR 97204-2304 US 503-224-0115</div></div>			
<div style="display: flex; justify-content: space-between;"><div>CC:</div><div style="border: 1px solid black; padding: 5px; width: 80%;"><div style="font-size: 0.8em;">I certify that this document and fee is being deposited on <u>OCT 20 2003</u> with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div><div style="text-align: center; margin-top: 10px;"> _____ <small>Signature of Person Mailing Correspondence</small></div><div style="text-align: center; margin-top: 5px;">James H. Walters <small>Typed or Printed Name of Person Mailing Correspondence</small></div></div></div>			

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